

Work Permit # DN-2010-SPT

Work Order # \_\_\_\_\_

Job # \_\_\_\_\_

Activity # \_\_\_\_\_

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: <u>Don Lynn</u>	Date: <u>6/24/2010</u>	Ext.: <u>2253</u>	Dept/Div/Group: <u>PHENIX</u>
Other Contact person (if different from requester): <u>CARIN BIGGS</u>			Ext.: <u>7518</u>
Work Control Coordinator: <u>Don Lynn</u>	Start Date: <u>6/24/2010</u>	Est. End Date: <u>7/1/2010</u>	
Brief Description of Work: <u>REMOVE R1C2 PROTOTYPE</u>			
Building: <u>1008 IN</u>	Room: <u>IR</u>	Equipment: <u>PCR PROT</u>	Service Provider: <u>PHENIX RELAY</u>

2. WCC, Requester/Designee, Service Provider, and ESS&H (as necessary) fill out this section or attach analysis

<b>ESS&amp;H ANALYSIS</b>			
<b>Radiation Concerns</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Activation <input type="checkbox"/> Airborne <input type="checkbox"/> Contamination <input type="checkbox"/> Radiation <input type="checkbox"/> Other			
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group <input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer			
<b>Radiation Generating Devices:</b> <input type="checkbox"/> Radiography <input type="checkbox"/> Moisture Density Gauges <input type="checkbox"/> Soil Density Gauges <input type="checkbox"/> X-ray Equipment			
<b>Safety and Security Concerns</b>			
<input type="checkbox"/> None <input type="checkbox"/> Explosives <input type="checkbox"/> Transport of Haz/Rad Material			
<input type="checkbox"/> Adding/Removing Walls or Roofs <input type="checkbox"/> Critical Lift <input type="checkbox"/> Fumes/Mist/Dust* <input type="checkbox"/> Magnetic Fields* <input type="checkbox"/> Pressurized Systems			
<input type="checkbox"/> Asbestos* <input type="checkbox"/> Cryogenic <input type="checkbox"/> Heat/Cold Stress <input type="checkbox"/> Nanomaterials/particles* <input type="checkbox"/> Railroad Work			
<input type="checkbox"/> Beryllium* <input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Noise* <input checked="" type="checkbox"/> Rigging			
<input type="checkbox"/> Biohazard* <input checked="" type="checkbox"/> Elevated Work <input type="checkbox"/> Lasers* <input type="checkbox"/> Non-ionizing Radiation* <input type="checkbox"/> Security Concerns			
<input type="checkbox"/> Chemicals/Corrosives* <input type="checkbox"/> Excavation <input type="checkbox"/> Lead* <input type="checkbox"/> Oxygen Deficiency* <input type="checkbox"/> Suspect/Counterfeit Items			
<input type="checkbox"/> Confined Space* <input type="checkbox"/> Ergonomics* <input type="checkbox"/> Material Handling <input type="checkbox"/> Penetrating Fire Walls <input type="checkbox"/> Vacuum			
* Industrial Hygiene (IH) Review Required <input type="checkbox"/> Other			
<b>Environmental Concerns</b>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Work impacts Environmental Permit No.			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad) <input type="checkbox"/> Land Use Institutional Controls <input type="checkbox"/> Soil Activation/contamination <input type="checkbox"/> Waste-Mixed			
<input type="checkbox"/> Chemical or Rad Material Storage or Use <input type="checkbox"/> Liquid Discharges <input type="checkbox"/> Waste-Clean <input type="checkbox"/> Waste-Radioactive			
<input type="checkbox"/> Cesspools (UIC) <input type="checkbox"/> Oil/PCB Management <input type="checkbox"/> Waste-Hazardous <input type="checkbox"/> Waste-Regulated Medical			
<input type="checkbox"/> High water/power consumption <input type="checkbox"/> Spill potential <input type="checkbox"/> Waste-Industrial <input type="checkbox"/> Underground Duct/Piping			
Waste disposition by: <input type="checkbox"/> Other			
<b>Pollution Prevention (P2)/Waste Minimization Opportunity:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>FACILITY CONCERNS</b>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Potential to Cause a False Alarm <input type="checkbox"/> Vibrations			
<input type="checkbox"/> Access/Egress <input checked="" type="checkbox"/> Limitations <input type="checkbox"/> Impacts Facility Use Agreement <input type="checkbox"/> Temperature Change <input type="checkbox"/> Other			
<input type="checkbox"/> Configuration Control <input type="checkbox"/> Maintenance Work on Ventilation Systems <input type="checkbox"/> Utility Interruptions			
<b>WORK CONTROLS</b>			
<b>Work Practices</b>			
<input type="checkbox"/> None <input type="checkbox"/> Exhaust Ventilation <input checked="" type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Spill Containment <input type="checkbox"/> Security (see Instruction Sheet)			
<input checked="" type="checkbox"/> Back-up Person/Watch <input type="checkbox"/> HP Coverage <input type="checkbox"/> Posting/Warning Signs <input type="checkbox"/> Time Limitation <input type="checkbox"/> Other			
<input type="checkbox"/> Barricades <input type="checkbox"/> IH Survey <input type="checkbox"/> Scaffolding-requires inspection <input type="checkbox"/> Warning Alarm (i.e. "high level")			
<b>Personal Protective Equipment</b>			
<input type="checkbox"/> None <input type="checkbox"/> Ear Plugs <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lab Coat <input type="checkbox"/> Safety Glasses			
<input type="checkbox"/> Coveralls <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator* <input type="checkbox"/> Safety Harness			
<input type="checkbox"/> Disposable Clothing <input type="checkbox"/> Face Shield <input checked="" type="checkbox"/> Hard Hat <input type="checkbox"/> Shoe Covers <input checked="" type="checkbox"/> Safety Shoes <input type="checkbox"/> Other			
<b>Permits Required</b> (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Cutting/Welding <input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration <input type="checkbox"/> Digging/Core Drilling <input type="checkbox"/> Rad Work Permit-RWP No			
<input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Electrical Working Hot <input type="checkbox"/> Other			
<b>Dosimetry/Monitoring</b>			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Heat Stress Monitor <input type="checkbox"/> Real Time Monitor <input type="checkbox"/> TLD			
<input type="checkbox"/> Air Effluent <input type="checkbox"/> Noise Survey/Dosimeter <input type="checkbox"/> Self-reading Pencil Dosimeter <input type="checkbox"/> Waste Characterization			
<input type="checkbox"/> Ground Water <input type="checkbox"/> O <sub>2</sub> /Combustible Gas <input type="checkbox"/> Self-reading Digital Dosimeter <input type="checkbox"/> Other			
<input type="checkbox"/> Liquid Effluent <input type="checkbox"/> Passive Vapor Monitor <input type="checkbox"/> Sorbent Tube/Filter Pump			
<b>Training Requirements</b> (List specific training requirements) <u>PHENIX BUSINESS CARP ACCESS WORKER AT HERBERTS 1/1/2010</u>			
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			
If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)			
<b>ESS&amp;H Risk Level:</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		WCC: <u>[Signature]</u> Date: <u>6/24/10</u>	
<b>Complexity Level:</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		Service Provider: <u>[Signature]</u> Date: <u>6/24/10</u>	
<b>Work Coordination:</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		Authorization to start: <u>[Signature]</u> Date: <u>6/24/10</u>	
(Departmental Sup/WCC/Designee)			



### 3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

<b>Work Plan</b> (procedures, timing, equipment, and personnel availability need to be addressed): NOTE: REFER TO WP DM-2008-9 (RPC 2 PART INSTALL) FOR REFERENCE. RENOVAL IS ESSENTIALLY WORK IN REVERSE.				
Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)				
Notifications to operations and Operational Limits Requirements:				
Post Work Testing, Notification or Documentation Required:				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			Walkdown Completed (Required): <input type="checkbox"/> Yes	
<b>Reviewed by:</b> Primary Reviewer signature means that the hazards and risks that could impact ESS&H have been identified, a Walkdown was completed and the hazards will be controlled according to BNL requirements.				
<b>Title</b>	<b>Name (print)</b>	<b>Signature</b>	<b>Life #</b>	<b>Date</b>
Primary Reviewer				
ES&H Professional				
Building Manager				
Service Provider				
Work Control Coordinator				
Safety and Health Services (i.e. IH Rep)				
Other				
Review Done: <input type="checkbox"/> in series		<input type="checkbox"/> team		

### 4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor: <i>Carlton Sapp</i>		Contractor Supervisor:	
Workers: <i>Joe Zappala</i>	Life #: <i>15639</i>	Workers:	Life #:
<i>Joe Zappala</i>	<i>18643</i>		
	<i>15123</i>		
Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

### 5. Department/Division Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life #:	Date:

### 6. Worker provides feedback.

<b>Worker Feedback</b> (use attached sheets as necessary)	
a) WCM/WCC: Are there any changes as a result of worker feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: See work planning and control subject area section 2.6.	

### 7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc. are initiated, if necessary.

Name: <i>Dan Galt</i>	Signature: <i>[Signature]</i>	Life #: <i>20146</i>	Date: <i>7/15/10</i>
Comments: <i>WORK WENT AS PLANNED.</i>			